

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002615

1. Entity Name

SOUTHEAST AREA ASSOCIATION OF RESTORATION BRANCH

Principal Place of Business

% VERN ALLEN
4933 SE 40TH TERRACE
OCALA FL 34480

Mailing Address

% VERN ALLEN
4933 SE 40TH TERRACE
OCALA FL 34480

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3318519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, JACK O
4040 ROSCREA DR.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Jack O. Evans Vice President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GILMORE, DAN
STREET ADDRESS 1516 ROCKWELL HEIGHTS DR.
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

TITLE D
NAME GILMORE, ARLENE
STREET ADDRESS 1516 ROCKWELL HEIGHTS DR.
CITY-ST-ZIP DELAND FL 32724 ☒ Delete

TITLE TD
NAME ALLEN, DOTTIE
STREET ADDRESS 4933 SE 40 TERRACE
CITY-ST-ZIP Ocala FL 34480 ☐ Delete

TITLE D
NAME VERCAMEN, DON SR.
STREET ADDRESS 8605 BNOIT AVE.
CITY-ST-ZIP ORLANDA FL 32836 ☐ Delete

TITLE SD
NAME CARLITE, DWIGHT
STREET ADDRESS 2061 KANFORD AD
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete

TITLE VP
NAME CAMPBELL, RICHARD
STREET ADDRESS 116 WAYLAND CIRCLE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Gilmore, Dan
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S/D
NAME Kochis, Keith
STREET ADDRESS 500 Bosphorus Ave.
CITY-ST-ZIP Tampa, FL 33606 ☐ Change ☒ Addition

TITLE D
NAME Hartke, Paul
STREET ADDRESS 47200 East Ave
CITY-ST-ZIP Paisley, FL 32767 ☐ Change ☒ Addition

TITLE V/D
NAME Evans, Jack
STREET ADDRESS 4040 Roscrea Dr
CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change ☒ Addition

TITLE P/D
NAME Carlite, Dwight
STREET ADDRESS 2061 Hanford Rd
CITY-ST-ZIP Port St. Lucie, FL 34952 ☒ Change ☐ Addition

TITLE D
NAME Campbell, Richard
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy A. Allen

352-620-2344

CR2E037 (5/01)

FILED
Aug 10, 2001 8:00 am
Secretary of State

08-10-2001 90002 003 ****61.25



DO NOT WRITE IN THIS SPACE